

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 342886

1. Entity Name
FORT PITT CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90017 032 ***150.00

Principal Place of Business: 1601 BISCAYNE BLVD MIAMI FL 33132
Mailing Address: 4519 POLK STREET HOLLYWOOD FL 33021-6619

2. Principal Place of Business: 130 S.E. 3 Ave
3. Mailing Address: 4519 POLK ST
Suite, Apt. #, etc.

City & State: MIAMI FL
City & State: HOLLYWOOD FL
Zip: 33131
Country: MIAMI-DADE
Zip: 33021-6619
Country: Broward

4. FEI Number: 59-1261777
Applied For: Not Applicable



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SINGER, AARON
4519 POLK ST
HOLLYWOOD FL 33131

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE: *[Signature]* DATE: 2-22-00
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: P NAME: SINGER, AARON S. STREET ADDRESS: 4519 POLK STREET CITY-ST-ZIP: HOLLYWOOD FL 33031	<input type="checkbox"/> Delete
TITLE: ST NAME: SINGER, RUTH STREET ADDRESS: 4519 POLK STREET CITY-ST-ZIP: HOLLYWOOD FL 33031	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Vice President NAME: William Singel STREET ADDRESS: 1200 Weeping Willow Way CITY-ST-ZIP: Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/27/00 DAYTIME PHONE: 954 987 1769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)